



ARTHUR F. BLANCHARD TRUST
Administered by the BNY Mellon Charitable Giving Program

2011 White Stadium Sports Center, Franklin Park

Registration & Parent/Guardian Consent Form
Please complete both side completely.

Please print all information & complete one application per child (copy if needed). Applicant's Name: Birth Date: Parent/Guardian's Name: **ALLERGIES:**

Asthma ☐ Sinus ☐ Insect Bites □ Food ☐ Hay Fever ☐ Beverages ☐ Diabetes ☐ Seizures ☐ Poison Ivy Any unlisted conditions please explain in detail: Program operates Tuesday through Friday from 9:00AM – 3:00PM. Transportation is not provided. It is the responsibility of the parent/guardian to accompany the child to the sports center and to pick the child up after the session. All participants must be picked up by 3:00PM. All programs are free and open to City of Boston residents (boys and girls), ages 7-14. Participants are required to bring lunch and a snack. The department will supply water and ice. Applicants may select from one to six weeks. All participants must be picked up by 3:00PM. Applicants may choose one sport during the week(s) of their choice: WEEK 1 July 5 - July 8 ☐ Softball ☐ Track & Field ☐ Basketball ☐ Tennis ☐ Baseball ☐ Girls Fitness ☐ Double Dutch □ Volleyball ☐ Boys Fitness **WEEK 2 July 12 – July 15** ☐ Softball ☐ Track & Field ☐ Basketball ☐ Tennis ☐ Baseball □ Volleyball ☐ Boys Fitness ☐ Girls Fitness ☐ Double Dutch **WEEK 3 July 19 – July 22** ☐ Basketball ☐ Track & Field □ Soccer ☐ Girls Fitness ☐ Boys Fitness ☐ Tennis ☐ Double Dutch **WEEK 4 July 26 – July 29** ☐ Basketball ☐ Track & Field ☐ Double Dutch ☐ Girls Fitness ☐ Boys Fitness ☐ Soccer □ Rugby ☐ Tennis WEEK 5 August 2 - August 5 ☐ Basketball ☐ Track & Field ☐ Double Dutch ☐ Girls Fitness ☐ Boys Fitness ☐ Football □ Volleyball ☐ Tennis WEEK 6 August 9 – August 12 ☐ Basketball ☐ Track & Field ☐ Double Dutch ☐ Girls Fitness ☐ Boys Fitness ☐ Football □ Volleyball ☐ Tennis

PLEASE RETURN THIS FORM TO:

For Office Use Only Site:	Date	e Received:	
Staff Member Entering:	ID:	Fee Type:	



Signature of Parent/Guardian (if member is under 18)

Youth Only Membership Application

First Name:		Loot Name:				□ Ecmala	□ Mala
First Name:							
Home Address:	Apt.	City	/Neighborhood	Dati	e of Birth:		
Home Phone:							
Ethnicity (select all that apply): School:			Hawaiian □White	Are you of H	ispanic or Latino origin Grade:		
Type of School: □Public	☐ Charter	☐ Private/Parochial	☐ Homeschool				
Child lives with (select all that apply)	☐ Both Parents☐ Grandparent	☐ Mother Only☐ Foster Parent	☐ Father Only☐ Guardian	☐ Aunt/Uncle☐ Other:	☐ Sister/Brother	□ Step F	
Medical Information	·						
Health Insurance Company:			Hospital Na	ame:			
Do you have any medical condition			•				
☐ Allergies ☐ Asthma	☐ Physical Res		☐ Medications				
Description:	-						
Is there any additional information							
Parent/Guardian Contact Inform							
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Daront/Guardian Namo			Parent/Guardia	n Name			
Home Address:	City/Neighl	porhood Zip Code	Home Address:_	Street Apt.	City/Neigh	borhood	∠ip Code
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Date





ARTHUR F. BLANCHARD TRUST

Administered by the BNY Mellon Charitable Giving Program

2011 White Stadium Reading, Writing and Math Enrichment Program, Franklin Park Registration & Parent/Guardian Consent Form

Please print all information & complete one application per child (copy if needed). Applicant's Name: Birth Date: Grade (September 2011): School: Parent/Guardian's Name: City: State: MA Zip Code: Phone (day):______ (evening):_____ (cell):_____ E-mail: _ In case of emergency: Name: Phone: ____ Program operates Mondays 9:00AM – 2:30PM. Participants are required to bring lunch and a snack. The department will supply water and ice. Transportation is not provided. It is the responsibility of the parent/guardian to accompany the child to White Stadium and to pick the child up after the session. All participants must be picked up by 3:00PM. This program is free and open to City of Boston residents (boys and girls), ages 7-14. The application is factual and complete to the best of my ability. I hereby waive and release any and all rights, causes of action, and claims for damages I may have against the City of Boston, Boston Centers for Youth & Families, and any and all other associated individuals or organizations, for any and all personal injuries or property damage resulting from my participation in Boston Centers for Youth and Families Programs. I, the undersigned parent or guardian of [______], a minor, hereby consent to his/her Boston Centers for Youth & Families membership and waive and release any and all rights, causes of action and claims for damages I may have against the City of Boston, Boston Centers for Youth & Families, and any and all other associated individuals or organizations, arising out of any and all personal injuries or property damage which I may now or hereafter have as the parent or guardian of said minor, and also all rights, causes of action, and claims which said minor has or may acquire resulting from his/her participation in the program. I give consent for me/my child to be administered first aid and to be treated by an emergency medical technician-paramedic, nurse or physician. Any follow up medical attention may be given at a local hospital and transportation to a Boston hospital is authorized. I give my consent for photographs, audiotapes, and video records of me/my child to be used by Boston Centers for Youth & Families for publicity purposes. I also agree to allow Boston Centers for Youth & Families to use photographs, audiotapes, video records or other work produced by the member for publicity purposes. I understand that transportation is not provided and it is my responsibility to arrange transportation to and from Boston Centers for Youth & Families Community Centers. Failure to comply with these rules and expectations can lead to termination of membership. Parent/Guardian signature: